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CONFIRMATION NO. 5833

<b>SERIAL NUMBER</b> 10/737,197	<b>FILING OR 371(c) DATE</b> 12/16/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> D0188.70170US02
<b>APPLICANTS</b> Frederic P. Field, North Hampton, NH; Douglas A. Fogg, Merrimac, MA; Gregory E. Sancioff, North Hampton, NH;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/039,601 10/19/2001 PAT 6,663,643 which is a CIP of 09/818,300 03/27/2001 PAT 6,527,785 which claims benefit of 60/192,487 03/27/2000 and said 10/039,601 10/19/2001 claims benefit of 60/242,166 10/20/2000 and claims benefit of 60/241,936 10/20/2000				
<b>** FOREIGN APPLICATIONS *****</b> -none- MCA				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Mark C. Fox</i> MCA Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 37
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 23628				
<b>TITLE</b> Surgical suturing instrument and method of use				
<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	